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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L97814** **(2)**

1. Corporation Name

SUNTEL MARKETING, INC.

Principal Place of Business	Mailing Address
1523-C KILLEARN CENTER BOULEVARD TALLAHASSEE FL 32308 US	P.O. BOX 14745 TALLAHASSEE FL 32317-4745 US

3. Date Incorporated or Qualified: **09/05/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 316 W. Central Ave.
22: Suite, Apt. #, etc.: 607
23: City & State: Winter Haven, Fl.
24: Zip: 33880
25: Country: Polk

2a. Mailing Address
26: P.O. Box 1025
27: Suite, Apt. #, etc.:
28: City & State: Auburndale, Fl
29: Zip: 33823-1025
30: Country: Polk

4. FEI Number: **59-3046128** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BURNHAM, DARRELL E.~~
~~3711 SHAMROCK W., 135-G~~
~~TALLAHASSEE FL 32308~~

Address change only

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 108 Owen Circle South
83:
84 City: Auburndale Fl **FL** 85 Zip Code: 33823

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required for filing) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BURNHAM, DARRELL E. ~~3711 SHAMROCK W., 135-G~~ ~~TALLAHASSEE FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 108 owen Cir. S. Auburndale Fl 33823
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BURNHAM, DOROTHY E. ~~3711 SHAMROCK W., 135-G~~ ~~TALLAHASSEE FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 108 owen Cir. S. Auburndale Fl 33823
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

Address change only

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy E. Burnham S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy E. Burnham

4/30/96
Date

941-796-0735 or 941-777-9773
Daytime Phone #

CR2E034 (12/95)